

A**319-A (Agricultural)****LANDOWNER/USER APPLICATION and COMPLETION CERTIFICATION
CLEAN WATER ACT SECTION 319 COST-SHARE PROGRAM
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (IDEM)**

State Form 50065 (R / 8-02)

IDEM Contract ARN Number _____

Instructions on Page 3

A. I, _____, landowner / user, in _____ County, Indiana, hereby make application to _____ for cost-share assistance in constructing and installing the best management practice(s) listed in Section B, located as Farm # _____ Tract # _____ Field(s) # _____ Sec. # _____
Township _____ Range _____ Civil Twp. _____ USGS Quadname _____ 14 Digit HUA # _____
Sponsoring Organization

The said cost-share is to be computed at the locally established level, with the 319 cost-share amount estimated to be \$ _____. I / we agree that all best management practice(s) approved will be installed, operated, and maintained in accordance with U.S. Department of Agriculture Natural Resources Conservation Service (NRCS) standards and specifications (or other approved specifications, cited below). **Practices shall be maintained as follows: vegetative practices 5 years, constructed practices 10 years. I / we understand that a conservation plan, which includes pest and nutrient management, must be applied in all fields that receive cost-share funds.** Further, I / we understand that it is my/ our responsibility to pay in full all bills for work completed under this agreement prior to submission of claims for payment to the sponsoring organization.

Applicant Signature _____ Date _____

Landowner Signature _____ Date _____

Mailing Address _____

Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

SSN/ Tax ID _____

SSN/ Tax ID _____

B. Best management practice(s) needed to improve or maintain water quality: (add attachments if necessary)

Field No.	Practice Title	Quantity or Unit	Estimated Cost	Cost-Share Level % or \$	Estimated Cost-Share	Approx. Install Date

Application of practice(s) in section B will reduce off-site sedimentation, or reduce nutrient, pesticide, or pathogen loads to receiving waters, and will improve or maintain water quality

Date_____
NRCS, IDNR, SWCD Technical Representative

Authorized Signature for Sponsoring Organization _____ Date _____

Practice(s)	Units	Total Cost	Section 319 Cost-Share Level (%)	Section 319 Cost-Share Amount
TOTAL				

Date _____

NRCS, IDNR, SWCD Technical Representative

Total 319 Cost-Share Approved for
Payment.....\$

Date _____

Authorized Signature for Sponsoring Organization

INSTRUCTIONS FOR COMPLETING FORM 319-A

Landowner/User Application and Completion Certification

Section A

The landowner/user shall complete Section A prior to installing practices. If the applicant does not own the land where practices will be installed, the landowner's signature is required. A Tax ID or SSN is required for tax reporting purposes. Sponsors must provide a 1099 form for all disbursements over \$600.

Section B

This section shall be completed by the sponsoring organization in cooperation with the applicant. Practice needs must be certified by a U.S. Department of Agriculture Natural Resources Conservation Service (NRCS), or Indiana Department of Natural Resources (IDNR), or Soil and Water Conservation District (SWCD) Technical Representative prior to installing practices.

Section C

This section shall be completed and approved or disapproved by appropriate officials of the sponsoring organization. The sponsoring organization shall send a copy of Form 319-A to the applicant notifying them of the status of the project, and maintain the original 319-A in the applicant's case file. If the application is approved, the sponsoring organization will require the development of the following:

- 1) A plan map of the project which shows the landowner's property lines, field boundaries, field numbers, acres, farm and tract numbers, and locations of the planned best management practices.
- 2) A conservation management system plan describing the decisions of the applicant to install best management practices, and the Pest & Nutrient Management Plan.

Section D

This certifies that the best management practice(s) have been satisfactorily completed. This section shall be completed by an NRCS, IDNR, or SWCD Technical Representative. Record the total acres treated in the conservation management system and the acres served by these practices. (Acres served may be more than the planned acres or treated acres). Submit the IDEM "BMP Load Reduction Estimating Workbook" calculations when applicable for the practices installed. When the "BMP Load Reduction Estimating Workbook" is not applicable, use other methods to calculate the erosion rates and record the estimated erosion rates in the blanks provided.

Section E

This section shall be completed and approved by the appropriate officials of the sponsoring organization. An Invoice for payment should then be prepared and presented to the IDEM for payment. When the IDEM receives the Invoice from the sponsoring organization, payment will be forwarded to the organization. The sponsoring organization will then issue payment to the landowner/user. This process will take approximately two months from submission of an Invoice for payment.

As individual practices are installed, Invoices may be submitted to the IDEM. At the submission of the Invoice for payment to IDEM, copies of the following items must be attached:

- 1) Completed Form 319-A.
- 2) Plan Map, showing location of all practices.
- 3) Copy of the signed Nutrient and Pest Management Plan checklists.
- 4) Copies of bills or receipts for each practice.
- 5) The IDEM “BMP Load Reduction Estimating Workbook”, if applicable.